



GEORGIA MEDICAID FEE-FOR-SERVICE LONSURF PA SUMMARY

Preferred	Non-Preferred
Lonsurf (trifluridine/tipiracil)	n/a

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for members with metastatic colorectal (colon or rectal) cancer (CRC) who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy as well as with an anti-vascular endothelial growth factor (anti-VEGF) biologic therapy

AND

- ❖ If the member's metastatic colorectal cancer is classified as RAS wild-type, the member must have also been previously treated with an anti-epidermal growth factor receptor (anti-EGFR) therapy.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.